

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State of Alabama Dept. Of Mental
Health & Retardation
c/o John Houston, Commissioner
100 N. Union Street
Montgomery, AL 36104

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) John Houston B. Date of Delivery 10/10/2007

C. Signature [Signature]

- ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

2:07 CV 650
JHC

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 1530 0000 7391 8907

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952